FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300006882

ADA COMPLIANCE CONSULTANTS, INC.

Apr 13, 1999 8:00 am Secretary of State
04-13-1999 90016 018 ***150.00

LII LD

				-{		
Principal Place of I	Business	Mailing Address				
75 NE 6TH AVENUE		75 NE 6TH AVENUE				
SUITE 218-A 218-A				DO NOT WRITE IN THIS SPACE		
DELRAY BEACH FL	33444	DELRAY BEACH FL 33444 US		3. Date Incorporated or Qualified	10 OF AGE	
US		03		01/25/1993		
		I a Marking Address		4. FEI Number	Applied For	
2. Principal Place	of Business	2a. Mailing Address	lina Lane	1 "		
21 4745	Nolina Lane	 	lina Lane	65-0385193	Not Applicable	
Suite, Apt. #, et	tc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional	
22		27			Fee Required	
City & State	1 p / -	City & State	D / E/	6. Election Campaign Financing	\$5.00 May Be	
23 Boyn+	on Beach, FL.	28 Boynton	DEN, FL.	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible	
24 3343 C	6 25 taken But	29 33436 3	Palm Bch.	Personal Property Tax.	☐ Yes No	
9	. Name and Address of Current	Registered Agent		10. Name and Address of New Register	ed Agent	
CERMANDE POPERE						
	rdt, robert e			ess (P.O. Box Number is Not Acceptable)		
75 NE 6	ITH AVENUE			145 Noling LAD	e	
SUITE 2	18-A		83			
DELRAY	BEACH FL 33444					
			84 City R.	ynton Beach F	L 85 Zip Code	
	10 - F CO7 DEDO	- d CO2 4EDD Elevide Statutes	the phous parred corns	ration cultimite this statement for the nurnose	of changing its registered	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the originations of Sections 607.0505. Florida Statutes.						
agent. I am fa	miliar with and accordine obligati	ons of Section 607.0505. Florid	a Statutes.		1-100	
SIGNATURE	() Sobert /- /	entraroll	Pres	<u> </u>	1/49	
Sign	ature, typed or printed name of registered agent		egistered Agent signature required		4 10 DIDECTORS IN 40	
12.	OFFICERS AN		13,	ADDITIONS/CHANGES TO OFFICERS	Change Addition	
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	735 PALMLAND DR			1745 Nolina Lar Boynton Bch. FL.		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trusted enhowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with fooddress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-364-1994